

**NC State Surplus Property
Non-Profit - Tax-Exempt Organization
Qualification Request**

Name of Organization: _____ Date: _____

Address of Organization: _____

City State Zip Code

Employer Identification Number: _____ DLN: _____

Contact person: _____ Telephone: _____

E-mail: _____ Fax: _____

NC State Surplus Property is authorized to enter into negotiated sales of surplus property to Non-Profit, Tax-Exempt organizations within the state per North Carolina General Statute 143-64.03(b). Non-Profit Tax-Exempt organization is defined by the following:

NC General Statute 143-64.02(2)

"Nonprofit tax exempt organizations" means those nonprofit tax exempt medical institutions, hospitals, clinics, health centers, school systems, schools, colleges, universities, schools for the mentally retarded, schools for the physically handicapped, radio and television stations licensed by the Federal Communications Commission as educational radio or educational television stations, public libraries, and civil defense organizations, that have been certified by the Internal Revenue Service as tax-exempt nonprofit organizations under section 501(c)(3) of the United States Internal Revenue Code of 1954.

Attach the following documentation:

- Letter from the IRS recognizing your organization as Non-Profit and Tax-Exempt;
- Copy of license issued by the NC Agency that regulates your organization;
- Letter on organization letterhead with details of the purpose and function of your organization;
- List of Officers of the organization, position and their contact information (including address);
- Name of one person authorized to purchase property on the organization's behalf.

Please check the category(s) of your organization below:

☐ Medical Institution ☐ Hospital ☐ Clinic ☐ Health Center ☐ School System
☐ School ☐ College ☐ University ☐ School for the Mentally Retarded
☐ School for the Physically Handicapped ☐ Public Library ☐ Civil Defense
☐ Radio or Television Station Licensed by the FCC as Educational Radio or Television

I certify that the information presented is accurate, current and complete. I understand that all property purchased has to remain in use and is subject verification by the State Surplus Property Agency for twelve months from date of purchase.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____

State of North Carolina _____, County of _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

My commission expires _____



Mail Package to: NC State Surplus Property
6501 Chapel Hill Road
1310 MSC
Raleigh, NC 27699-1310

Revised 9/18/2007